


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Miyas</i>	DATE <i>11-17-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100268</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Farber, Depo</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, Suite 41720
Atlanta, Georgia 30303-8909



CJC

November 14, 2008

RECEIVED

NOV 17 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Emma Forkner, Director
South Carolina Department of Health and Human Services
Attn: Kara Lewis
P.O. Box 8206
Columbia, South Carolina 29202-8206

Dear Ms. Forkner:

I am pleased to inform you that your request to amend South Carolina's Home and Community Based Waiver for Individuals with Mental Retardation and Related Disabilities, as authorized under the provisions of Section 1915(c) of the Social Security Act, has been approved. The amendment (Control Number 0237.R03.05) is effective January 1, 2009.

Specifically, you requested to: (1) add Career Preparation; (2) add Day Activity; (3) add Community Services; (4) add Support and Employment Services; (5) update the definition for Adult Day Health Care Nursing; (6) update provider qualifications chart; and (7) update cost utilization estimates. The revised pages have been incorporated into the approved waiver.

	Unduplicated	Community	Institutional	Waiver
	<u>Recipients</u>	<u>Costs</u>	<u>Costs</u>	<u>Costs</u>
Year 1	5200	\$34,713	\$98,181	\$180,507,600
Year 2	5400	\$34,673	\$100,144	\$187,234,200
Year 3	5600	\$35,330	\$102,148	\$197,848,000
Year 4	5800	\$36,100	\$104,190	\$209,308,000
Year 5	6000	\$37,526	\$106,274	\$225,153,158

If there are any questions, please contact Kimberly Adkins-McCoy at 404-562-7159.

Sincerely,

Mary Kaye Justis
Mary Kaye Justis, RN, MBA.
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: David Reed, CMS-CO